

Case Number:	CM14-0131921		
Date Assigned:	09/19/2014	Date of Injury:	12/30/2012
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 32-year-old female who has submitted a claim for post-traumatic cervical spine sprain/strain associated with an industrial injury date of December 30, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of neck pain. Physical examination revealed cervical spine tenderness, cervical flexion of 46 degrees and extension of 42 degrees, and negative cervical compression and cervical distraction tests. Treatment to date has included medications and acupuncture. Utilization review from July 25, 2014 denied the request for Infra lamp and Kinesio tape because the guidelines do not recommend their use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Infra lamp: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Neck Chapter, Manipulation

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According

to the ODG, the long term efficacy of infrared radiation therapy in treating chronic mechanical neck pain is still under study. According to the Aetna Clinical Policy Bulletin, Chow and Barnsley (2005) examined the effectiveness of low-level laser therapy (LLLT) in the treatment of neck pain through systematically reviewing the literature. The authors concluded that this review provides limited evidence from 1 RCT for the use of infrared laser for the treatment of acute neck pain and chronic neck pain. They noted that larger studies are needed to confirm the positive findings, and determine the most effective laser parameters, sites and modes of application. In this case, the patient was diagnosed with post-traumatic cervical spine sprain/strain and was prescribed an infra lamp. An infra lamp is an electrical device that emit infrared radiation. The rationale for the requested device was not provided. As mentioned earlier, there are not enough studies to support its use for neck pain. The request is incomplete. The specifications of the lamp being requested was not provided. In order for the conclusions of the study cited to apply in this patient's case, the delivery and frequency of the infrared radiation to be delivered must be similar to the intervention in the study. It also did not mention the following: 1) whether the device is for purchase or for rental, 2) how long will the device be used, and 3) the quantity being requested. There is lack of evidence in support of the use of an infrared therapy for neck pain plus inadequate details in the request itself. Therefore, the request for infra lamp is not medically necessary.

Kinesio tape: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck chapter, kinesio taping

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck Chapter, Kinesio tape (KT)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, whiplash is an acceleration-deceleration mechanism of energy transfer to the neck. It may result from rear end or side impact motor vehicle collisions, but can also occur during diving or other mishaps. The impact may result in bony or soft tissue injuries (whiplash injury), which in turn may lead to a variety of clinical manifestations called WAD. A study found that patients with Acute Whiplash/Acceleration/Deceleration Injury receiving an application of kinesio taping, applied with proper tension, exhibited statistically significant improvements immediately following application and at a 24-hour follow-up. (Gonzalez-Iglesias, 2009). In this case, the patient presented with signs and symptoms referable to the neck secondary to an industrial accident consistent with WAD. She was subsequently prescribed Kinesio tape. As the guidelines support the use of kinesio tape for WAD, the request for Kinesio tape has been established. However, the request as submitted failed to specify quantity of tape to be dispensed. Therefore, the request for kinesiotape is not medically necessary.

